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15. APRICATION 568421				1	INTERNATIONAL APPLICATION NO. PCT/IL2004/000752		ATTORNEYS DOCKET NUMBER P-5767-US	
The fol	lowing fees ar	a submitt	edc				4 ++2 44	
3 21. Basic National Fee					\$300.00		\$ 300.00	
22. Examination Fee If International Preliminary Examination Report was prepared by the USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) \$100.00 All other situations \$200.00						ind elli	\$ 200.00	
3 23. Search Fee Search foe (37 CFR 1.445(a)(2)) has been peld on the International Application to the USPTO as an International Search Authority \$100.00 International Search Report not prepared by USPTO but provided with application \$400.00 All other situations \$500.00							\$ 100.00	
	Total of Above Calculations 21, 22, and 23:						\$ 600.00	
- 1	Disting or Com	outer pro-	fileation and dra gram listing filed action thereof.	wings fil in an ele	ed in paper over 100 sheets (exclusive caronic medium). The fee is \$250 for	each addilion ing sequence		
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CLAIMS			NUMBER FILED NUMBER EXTRA		NUMBER EXTRA	RATE		
Total delms			18 - 20 =			x 860.00	\$	
Independent claims 5-3=			5-3=		2	x \$200.00	\$ 400.00	
MULTIPLE DEPENDENT CLAIM(S) (If applicable)				sble)		+ \$380.00	\$	<u> </u>
					TOTAL OF ABOVE CALCU		\$ 1,000.00	
Applicant claims small entity status, See 37 CFR 1.27. The fees indicated above are reduced by X.							\$ 500.00	
						BTOTAL -	\$ 500.00	
Processing tee of \$130.00 for furnishing the English translation later than 30 months from the cartiest claimed priority date (37 CFR 1.462(f)).							\$	
TOTAL NATIONAL FEE =							\$	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31), \$40.00 per property +							\$.	
					TOTAL FEES EN	CLOSED -	\$ 600-00	
						••	Amount to be Charged:	s
a. C	☐ Ache	ak In the	amount of S	to	cover the above fees is enclosed.			
 Pisase charge my Deposit Account No. 50-3355 in the amount of \$500.00 to cover the above fees. A duplicate copy of this sheet is enclosed. 								
 The Commissioner is hereby authorized to charge any additional feas which may be required, or credit any overpayment to Deposit Account No. 50-3355. A duplicate copy of this abset is enclosed. 								
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Attorney Docket No.: P-5767-US

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION

MALTICATIO

FILING DATE

(DAY/MONTH/YEAR)

STATUS - PATENTED, PENDING, ABANDONED

I hereby appoint as my attorney(s) and agent(s) Mark S. Cohen (Attorney, Registration No. 42,425) or Caleb Pollack (Attorney, Registration No. 37,912) or Guy Yonay (Attorney, Registration No. 52,388) or Guy Levi (Attorney, Registration No. 55,376) or Naim Shichrur (Agent, Registration No. 56,248) or Rachel Teitelbaum (Agent, Registration No. 56,708) or David A. Loewenstein (Attorney, Registration No. 35,591) or Robert D. Schaffer (Attorney, Registration No. 33,775), said attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. These attorneys and agents are associated with Customer Number 49443.

Please address all correspondence regarding this application to:

PEARL COHEN ZEDEK LATZER, LLP 1500 BROADWAY, 12TH FLOOR NEW YORK, NEW YORK 10036

Customer No. 49443

Direct all telephone calls to (646) 878-0800 and all facsimiles at (646) 878-0801.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: YAVETS-CHEN, Yehuda

FULL RESIDENCE ADDRESS: 19 Shoham St., Caesaria, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _

DATE

(day / month / year)